



CHILD PROTECTION REGISTRY SELF INQUIRY REQUEST

Clearly print the information to the best of your knowledge and have the form notarized by an official notary public.

Mail the completed form and include a **self-addressed and stamped envelope** to **Child Protection Registry Self-Inquiry**
Department of Children and Families, Osgood 3
103 South Main Street, Waterbury, VT 05671

Forms submitted electronically (email, fax) will not be processed

| | | | |
|---|---------------------------------|---|---|
| Applicant's Name | Last | First | Middle |
| Current Address | Street Address | | Town/City |
| | County | State | Zip |
| Personal Information | DOB | <input type="radio"/> Female <input type="radio"/> Male | SSN (last 4 digits only) XXX-XX-____ |
| Previous names, aliases, maiden and AKA | Last | First | Middle |
| | Last | First | Middle |
| | Last | First | Middle |
| Previous Vermont Addresses | Street Address | Town/City | Zip code |
| Information on allegation | Previous allegation against you | Approximate date | Address where you were living at the time |

THE FOLLOWING SECTION IS TO BE COMPLETED IN THE PRESENCE OF AN OFFICIAL NOTARY ONLY

In the State or Country of _____ County of _____ on (Date) ____/____/____

before me, (Name and Title of Notary Public) _____,

personally appeared (Applicant Name, Printed) _____,

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed in this document and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the document the person executed this document.

Applicant's Signature _____

I certify under penalty of perjury that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Signature _____ [Commission expires] _____

Official seal/stamp here

DCF USE ONLY ----- RESULTS OF CHILD PROTECTION REGISTRY CHECK

| | | |
|--|---|--|
| <input type="checkbox"/> Your name does not appear in the registry on this date | Presence of DCF seal indicates record is CLEAR on date stamped in left box. | <input type="checkbox"/> Your name appears in the registry (Please see enclosed pamphlet) Date of Substantiation _____ Category _____ _____/_____/_____ _____/_____/_____ Signature of Commissioner Designee _____ Date _____ |
| Signature of Commissioner Designee _____ Date _____ | | |

Information requested on this form is required by the State of Vermont, Department for Families and Children, Family Services Division for the purpose of requesting a self-inquiry of the Child Protection Registry. Failure to provide all of the requested information above will result in the denial of your request and rejection of your application. Attempts to send this document to the Child Protection Registry via fax or email will result in a denial of your request with no further response provided by this Agency. (02/2011)

